

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) MOVE MARYLAND FORWARD		FEC IDENTIFICATION NUMBER ▼ C C00622431	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee EMPIRE BROADCASTING SYSTEMS INC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016		
Mailing Address 179 ADMIRAL COCHRANE DRIVE			Amount 6940.00		
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.4160		
Purpose of Expenditure RADIO ADS (10/10 - 10/23/2016)		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2016		
Name of Federal Candidate SZELIGA, KATHY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: 00 State: MD
Calendar Year-To-Date Per Election for Office Sought		106581.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee EMPIRE BROADCASTING SYSTEMS INC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016		
Mailing Address 179 ADMIRAL COCHRANE DRIVE			Amount 800.00		
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE.4161		
Purpose of Expenditure RADIO ADS (10/10 - 10/23/2016)		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2016		
Name of Federal Candidate SZELIGA, KATHY, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: 00 State: MD
Calendar Year-To-Date Per Election for Office Sought		107381.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7740.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

MACKENZIE, SCOTT B, ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 08 / 2016

Signature